

Make remittance payable to
Kansas Department of Agriculture
Records Center - DAIRY
109 SW 9th Street
Topeka KS 66612
785-296-3787

APPLICATION FOR MILK OR CREAM, RECEIVING OR TRANSFER STATION LICENSE

For Calendar Year of _____
January 1- December 31

Registration Fee
\$65.00

New

Renewal

Station Name _____

Street Address _____

City

State

Zip Code

Phone Number

County

Federal Tax ID

Mailing Address (if different than above for letters and renewal purposes)

Is this station: Transfer _____ Receiving _____
Milk _____ Cream _____

Is this station connected to another business? Yes _____ No _____

If yes, please show under what name station will be operated.

DBA (Doing Business As) _____

Name of station operator _____

I am familiar with the requirements of the Kansas dairy laws that apply to this license. I affirm that I will comply with the requirements of the Kansas dairy law and that I will conduct business in a lawful manner.

Signature of Owner/Manager

Date

FOR OFFICE USE ONLY

ID _____ Issue Date _____ DRS _____

Revised 07/09